City of Garden City General Development Plan Application



Property Address Parcel ID Total Site Acreage Detailed project description including the character and intended	Zoning d use of the development. Attach additional pages as needed. Sewage Disposal
Parcel ID Total Site Acreage	I use of the development. Attach additional pages as needed.
Parcel ID Total Site Acreage	I use of the development. Attach additional pages as needed.
	I use of the development. Attach additional pages as needed.
	I use of the development. Attach additional pages as needed.
	I use of the development. Attach additional pages as needed.
Detailed project description including the character and intended	
Detailed project description including the character and intended	
	Sewage Disposal
	Sewage Disnosal
Water Supply	
□ Public □ Private	□ Public □ Private
Existing Conditions	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Is the property located in a flood zone?	□ Yes □ No
Does the property currently contain any of the following:	
Existing buildings, streets, or other developed areas	□ Yes □ No
Easements or rights-of-way	□ Yes □ No
 Underground storage tanks 	□ Yes □ No
Water bodies, wetlands, or similar natural features	□ Yes □ No
• Specimen trees (see <u>Sec. 90-259</u>)	□ Yes □ No
Proposed Improvements (See "General Development Plan Checkl	list" for full requirements)
Building Area (Square Feet)	
Will the development be phased? □ Yes □ No	If yes, how many phases?
Are buffers required? (see <u>Sec. 90-262</u>) ☐ Yes ☐ No	
Will fencing be provided? □ Yes □ No	If yes, what material?
A façade elevation plan is required. Building Material(s):	
Building Color(s):	
Any additional details relevant to the application:	_

City of Garden City General Development Plan Application



Applicant Information

Owner					
Nam	e		Address		
Phon	ne		Email		
Engineer/Surveyor Same as authorized agent Check here to receive staff review comments via email					
Com	pany Name		Contact (Individual Name)		
Phon	ne .		Email		
Authorized Agent (Requires Authorized Agent Form)		☐ Check here to rece	ive staff review comments via email		
Com	pany Name		Contact (Individual Name)		
Phon	ie		Email		
informa mislead by law a I unders	r certify that I am the owner or authorition provided in this application is a ing information provided in this or sund ordinance. Itand that I will need to attend or be sion and that my application cannot	ccurate and compl ubsequent applica represented by th	ete. I understand that an tions will be null and voic e authorized agent at the	y permit issued based on false or I and subject to penalty as provided	
Owner	'Authorized Agent (Print Name)	Signature		Date	
This form and all required information must be completed in its entirety before it will be accepted by the City of Garden City. Failure to provide all required information may result in a delay in processing.					
OFFICE USE ONLY					
Received	d Ву	Date Received		Case Number	